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UNIVERSITY PLACE NURSING AND REHABILITATION CENTER	**9200 GLENWATER DRIVE CHARLOTTE, NC 28262**

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F 000	INITIAL COMMENTS A complaint investigation was conducted 9/7/21 through 9/10/21. The corrective action plan was validated on 9/20/21. Therefore, the exit date was changed to 9/20/21. There were 8 allegations investigated and 2 were substantiated. Event ID #BGUI11. Past-noncompliance was identified at: CFR 483.90 at tag F 925 at a scope and severity J.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff and physician interviews and record review, the facility failed to remove maggots as soon as they were identified from the right heel wound for 1 of 3 sampled residents (Resident #1). The findings included: Resident #1 was admitted to the facility on 1/19/20 with diagnoses including non-Alzheimer's dementia. The quarterly Minimum Data Set (MDS) assessment dated 7/1/21 revealed Resident #1 was severely cognitively impaired	F 684	University Place Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction as required by Federal and State regulations and statutes applicable to long term care providers. This plan does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of this plan does not constitute an agreement by the facility that the surveyor□s findings or conclusions are accurate, that the findings	10/1/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 10/01/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684 Continued From page 1

and required total assistance with all activities of daily living. The MDS also indicated she had pressure ulcers on the sacrum, left heel and right heel which required scheduled treatments.

A phone interview, conducted with Nurse Aide #1 on 9/5/21 at 11:00am, revealed on 8/29/21, she repositioned Resident #1 and observed maggots that fell out of her right heel wound dressing onto the bed. She reported the maggots to Nurse #1. Nurse #1 checked on Resident #1 then got Nurse #2 to look at the maggots with him.

A phone interview, conducted with Nurse #1 on 9/8/21 at 10:00am, revealed it was around noon on 8/29/21 when Nurse Aide #1 notified him of maggots in Resident #1's right heel wound. He immediately got Nurse #2 to go with him to look at the wound. He and Nurse #2 confirmed there were approximately 50-100 maggots in the wound. Nurse #2 notified the Director of Nursing (DON) on 8/29/21 around noon. A couple of hours later, the Assistant Director of Nursing (ADON) and the Treatment Nurse came into the facility to remove the maggots. He stated that after Nurse #2 observed the maggots, he left Resident #1's room and resumed his assigned duties for the other residents on his assignment.

An interview, conducted with Nurse #2 on 9/7/21 at 1:00pm, revealed on 8/29/21 around noon, Nurse #1 asked her to look at Resident #1's heel. She observed the right heel wound with a wound dressing that was partially on and observed maggots in the wound. She stated she immediately notified the DON. The DON stated she would notify the physician. The DON called back to let her know that the treatment nurse and the ADON were coming into the facility to remove

F 684

constitute a deficiency, or the scope or severity regarding any of the deficiencies cited are correctly applied.

F684
Corrective action has been accomplished for the alleged deficient practice regarding quality of care, immediately removing maggots from a wound. On 08/29/2021 the Director of Nursing called the Administrator and Physician immediately to update on condition of Resident #1s wound that was noted to have maggots to right heel. The Physician gave an order for the wound to be cleaned with equal parts vinegar and water to remove the maggots. The DON notified the Assistant Director of Nursing and the Treatment Nurse to go to the facility and remove maggots from Resident #1s right heel wound per the physicians orders. The DON was notified by the ADON that the treatment was effective for removal of maggots. On 08/29/2021 and 08/30/2021 the DON, ADON, and Treatment Nurse conducted a 100% audit of all wounds in the facility and no other residents were affected. All residents with wounds have the potential to be affected. On 08/30/2021 Resident Discharged to Hospital per Families Request.

Measures put into place to ensure that the alleged deficient practice does not recur include: On 08/30/2021 the DON conducted 100% in-service with all nurses including completing all treatments per physicians orders in the absence of a treatment nurse and based on

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F 684	Continued From page 2 the maggots. She stated she got the supplies together for the ADON and the treatment nurse. She then returned to her assigned hall to resume her assigned duties. A phone interview, conducted with the ADON on 9/9/21 at 9:00am, revealed he was contacted by the DON on 8/29/21 in the early afternoon, to go to the facility and assist the Treatment Nurse with removing maggots from Resident #1's right heel wound. He arrived at the facility the same time as the Treatment Nurse. Together they cleaned Resident #1's right heel wound with equal parts vinegar and water. The Treatment Nurse removed the approximately 50-100 maggots with tweezers and applied a clean dry dressing. An interview, conducted with the Treatment Nurse on 9/7/21 at 2:30pm, revealed Resident #1's right heel wound had been treated three times a week on Monday, Wednesday and Friday cleaning with normal saline, applying Medi-honey (a gel to treat chronic wounds) and covered with a dry dressing. The last treatment was completed on 8/27/21. She stated she was contacted, by the DON on 8/29/21 in the early afternoon, to go to the facility and assist the ADON with removing maggots from Resident #1's right heel wound. She arrived at the facility the same time as the ADON. Together they cleaned Resident #1's right heel wound with equal parts vinegar and water and removed the maggots with tweezers. She applied a clean dressing over the right heel wound. A phone interview, conducted with the physician on 9/8/21 at 12:40pm, revealed he was notified by the DON on 8/29/21 early afternoon that Resident #1 had maggots in her right heel wound. He gave an order to clean the wound with equal parts	F 684	observations to treat accordingly and notify Physician if needed. On 08/30/3021 the DON conducted 100% in-service with Certified Nursing Assistants to educate to notify the Treatment Nurse, nurse on duty, or supervisor immediately if they observe bandages not on, not intact, or loose. On Sept 30,2021 in-service was conducted by the DON with 100% nurses to include immediate report to Physician, Administrator, DON, and Responsible Representative regarding any changes to wounds and how to properly and immediately remove maggots from a wound per Physician□s orders. Starting September 30, 2021 nurses will complete weekly skin assessments ongoing to identify any new skin issues. The nurses will contact the Treatment Nurse, DON, and Physician with any new skin issues. The Treatment Nurse has completed Wound Care Audits 2 x□s weekly for 4 weeks with no further concerns and will continue weekly Wound Care Audits ongoing. Any new issues will be addressed immediately. All newly hired nurses will be in-serviced on immediate reporting of any changes to wounds to Physician, Administrator, DON, and Responsible Representative and how to properly and immediately remove maggots from a wound per Physician□s orders in orientation. All newly hired CNAs will be in-serviced to notify the Treatment Nurse, nurse on duty, or supervisor if they observe any bandages not on, not intact, or loose. The Completion date is 10/01/2021	

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F 684	Continued From page 3 vinegar and water and remove the maggots. He told the DON he would visit Resident #1 on Monday 8/30/21 to assess the wound. He stated he did not think Resident #1 needed to be sent to the emergency room as the maggots could be removed and the wound managed by the facility staff. He stated it was not appropriate for maggots to be in the wound. An interview, conducted with the DON on 9/7/21 at 4:00pm, revealed she received a call from Nurse #2 on 8/29/21 at 12:17pm. Nurse #2 informed her that Resident #1 had maggots in her right heel wound. The DON stated she immediately notified the Administrator and the physician. The physician gave an order for the wound to be cleaned with equal parts vinegar and water and remove the maggots. The DON stated she notified the ADON and the Treatment Nurse, both of whom lived close to the facility, to go to the facility and remove the maggots from Resident #1's heel wound per the physician orders. The DON stated it was not appropriate for maggots to be in the resident's wound. An interview with the Administrator was conducted on 9/7/21 at 4:30pm. She stated she was notified by the DON on 8/29/21 between noon and 1:00pm that Resident #1 had maggots in a wound. The DON notified the physician. She then notified the ADON and the treatment nurse to go into the facility to remove the maggots from Resident #1's heel wound. The Administrator further stated it was not appropriate for maggots to be in Resident #1's heel wound.	F 684	Wound Care Audits for all residents with wounds will continue weekly ongoing. The audits will be documented on the Wound Care Audit Form. The Director of Nursing, Assistant Director of Nursing, or Treatment Nurse will present the findings and recommendations at monthly QI committee meeting. QAPI/QI committee will evaluate for continued compliance for 6 months.	
F 925 SS=J	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4)	F 925		10/1/21

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F 925	Continued From page 4 §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff, resident, pest control technician and physician interviews, the facility failed to implement an effective pest control program to control the presence of flies in the room of 1 of 3 sampled residents (Resident #1). Resident #1 had live maggots develop in her right heel wound. The findings included: Resident #1 was admitted to the facility on 1/19/20 with diagnoses including non-Alzheimer's dementia. The quarterly Minimum Data Set (MDS) assessment dated 7/1/21 revealed Resident #1 was severely cognitively impaired and required total assistance with all activities of daily living. The MDS also indicated she had pressure ulcers on the sacrum, left heel and right heel which required treatments. Review of the August 2021 treatment record (TAR) revealed the right heel wound treatment included cleaning with normal saline, applying a gel used to debride and aid in wound healing and covering with a 6x6 dry dressing every Monday, Wednesday and Friday. The TAR revealed the wound care had last been completed on Friday 8/27/21 by the Treatment Nurse. A phone interview, conducted with Nurse Aide #1 on 9/5/21 at 11:00am, revealed on 8/29/21, she repositioned Resident #1 and observed maggots that fell out of her right heel wound dressing onto the bed. She reported the maggots to Nurse #1.	F 925	Past noncompliance: no plan of correction required.	

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Nurse #1 checked on Resident #1 then got Nurse #2 to help him address the maggots.

A phone interview, conducted with Nurse #1 on 9/8/21 at 10:00am, revealed it was around noon on 8/29/21 when Nurse Aide #1 notified him of maggots in Resident #1's right heel wound. He immediately got Nurse #2 to go with him to look at the wound. He and Nurse #2 confirmed there were maggots in the wound, approximately 50-100 maggots. Nurse #2 notified the Director of Nursing (DON) on 8/29/21 around noon. A couple hours later the Assistant Director of Nursing (ADON) and the Treatment Nurse came into the facility to remove the maggots.

An interview, conducted with Nurse #2 on 9/7/21 at 1:00pm, revealed on 8/29/21 around noon, Nurse #1 asked her to look at Resident #1's heel. She observed the right heel wound with a wound dressing that was partially on and observed maggots in the wound. She stated she immediately notified the DON. The DON stated she would notify the physician. The DON then notified her that the ADON and Treatment nurse were coming into the facility to clean the wound and remove the maggots. Resident #1 was in no acute distress, showing no signs of pain or discomfort.

An interview, conducted with the DON on 9/7/21 at 4:00pm, revealed she received a call from Nurse #2 on 8/29/21 at 12:17pm. Nurse #2 informed her that Resident #1 had maggots in her right heel wound. The DON stated she immediately notified the Administrator and the physician. The physician gave an order for the wound to be cleaned with equal parts vinegar and water and remove the maggots. The DON

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F 925	Continued From page 6	F 925		

notified the Assistance Director of Nursing (ADON) and the Treatment Nurse, both of whom lived close to the facility, with the physician orders to clean the right heel wound with vinegar and water and remove the maggots. The DON further stated she directed the Maintenance Director to have the pest control company treat Rooms 101, 103, 304, 305, 308, 314, 401, 407, 404, 602 which were rooms of residents with wounds. The DON stated the department heads make rounds daily to check for pests, open food, crumbs, spills on the floor and sticky floors. If found, this was reported to housekeeping for cleaning.

A phone interview, conducted with the ADON on 9/9/21 at 9:00am, revealed he was contacted by the DON on 8/29/21 in the early afternoon, to go to the facility and assist the Treatment Nurse with removing maggots from Resident #1's right heel wound. He arrived at the facility the same time as the Treatment Nurse. Together they cleaned Resident #1's right heel wound with equal parts vinegar and water. The Treatment Nurse removed the approximately 50-100 maggots with tweezers and applied a clean dry dressing.

An interview, conducted with the Treatment Nurse on 9/7/21 at 2:30pm, revealed Resident #1's right heel wound had been treated three times a week on Monday, Wednesday and Friday cleaning with normal saline, applying Medi-honey (a gel to treat chronic wounds) and covered with a dry dressing. The last treatment was completed on 8/27/21. She stated Resident #1 had contractures of her legs and was unable to reach the wound dressings on her heels. She stated she was contacted, by the DON on 8/29/21 in the early afternoon, to go to the facility and assist the ADON with removing maggots from Resident

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#1's right heel wound. She arrived at the facility the same time as the ADON. Together they cleaned Resident #1's right heel wound with equal parts vinegar and water and removed the maggots with tweezers. She applied a clean dressing over the right heel wound. She then assessed Resident #1's remaining pressure ulcers on the left heel and the sacrum. Those wounds were clean with no signs of maggots. Resident #1 tolerated the procedure without any signs of pain or discomfort. On 8/29 and 8/30, she conducted skin audits on all residents in the facility with wounds. None were found to have maggots in their wounds. The treatment nurse called Resident #1's Power of Attorney (POA) twice on 8/29/21 to notify him of the change in the resident's wound status. She left a message each time. The POA never returned her calls. On 8/30/21, the POA called the facility requesting the resident be sent to the hospital.

Review of the emergency room (ER) record, dated 8/30/21, revealed Resident #1 was evaluated in the ER at the request of the POA. The ER report stated in part, "No evidence of any infestation when dressings were removed. No concern over frank purulence or infection. At this point, there is no evidence of infestation, cellulitis or other infection." Resident #1 was not returned to the facility at the request of the POA.

A phone interview, conducted with the physician on 9/8/21 at 12:40pm, revealed he was notified by the DON on 8/29/21 early afternoon that Resident #1 had maggots in her right heel wound. He gave an order to clean the wound with equal parts vinegar and water and remove the maggots. He told the DON he would visit Resident #1 on Monday 8/30/21 to assess the wound. He stated

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he did not think Resident #1 needed to be sent to the emergency room as the maggots could be removed and the wound managed by the facility staff. He stated it was not appropriate for maggots to be in the wound.

An interview conducted with the Maintenance Director on 9/7/21 at 3:00pm, revealed the facility had pest control treatments monthly, which included treatments for flies. The last two scheduled service calls occurred on 7/2/21 and 8/11/21. Recommendations were made during the 7/2/21 pest control service including unblocking the drain in the kitchen floor and removing debris from under the dishwasher in the kitchen. During the pest control service call on 8/11/21, recommendations included removing standing water in the kitchen and remove accumulated food from underneath the appliances. The Maintenance Director stated all of the recommendations had been corrected right after the pest control technician made the recommendation both times.

An observation of the kitchen on 9/7/21 at 3:30pm revealed the floor drains in the kitchen were not blocked and were free of debris. In addition, there was no food accumulated underneath the appliances, no debris under the dishwasher and there was no standing water in the kitchen. There was no gap noted in the door going into the kitchen from the outside.

A second interview with the Maintenance Director was conducted on 9/10/21 at 9:13am. He stated he felt that the smoking door was a source of entry for the flies. He identified the smoking door as a problem area as the door is held open for residents in wheelchairs who go out and come

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back in for smoking at 10:00am, 12:00pm, 2:00pm, 4:00pm and 7:00pm. He stated an air curtain (a device placed over a door that supplies a high velocity stream of air across a door opening that keeps pests like flies from entering the building) had been ordered to be placed over the smoking door.

Review of the pest control reports provided by the pest control company indicated onsite services of inspections and chemical applications were conducted on 7/2/21, 8/11/21 and 8/31/21, which included perimeter bait, glue boards and chemical spray specifically for flies.

A phone interview, conducted with the pest control technician on 9/10/21 at 7:55am, revealed he provided monthly maintenance visits and sprayed for flies each visit. He stated he had not seen a fly infestation at the facility. He stated he had made recommendations during the 7/2/21 and 8/11/21 visits, which had been resolved by the Maintenance Director. On 8/31/21, he treated Rooms 101, 103, 304, 305, 308, 314, 401, 407, 404, 602 and the common areas for flies at the request of the Maintenance Director. There was no fly activity except for a fly here and there. On 8/31/21, a gap in the door going into the kitchen from the outside had been identified. When he visited the facility on 9/7/21, he noted a sweep had been placed on the door which eliminated the gap. The Administrator signed a contract on 9/8/21 for the pest control company's Fly Program which included adding 11 fly lights throughout the facility and weekly inspections and treatments as long as needed.

An interview with the Administrator was conducted on 9/7/21 at 4:30pm. She stated she

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F 925	Continued From page 10 was notified by the DON on 8/29/21 between noon and 1:00pm that Resident #1 had maggots in a wound. She stated she immediately began an investigation and implemented a performance improvement plan. A second interview, conducted with the Administrator on 9/10/21 at 12:00pm, revealed she wasn't sure what contributed to the increase in the number of flies in the facility. Immediately after staff observed maggots in Resident #1's wound, she started an investigation and implemented a performance improvement plan. She stated she ordered 2 air curtains on 8/29/21 and then ordered 3 additional air curtains on 9/2/21, which are scheduled to arrive and be installed week of 9/14/21. Air curtains will be placed on the smoking door, replace the air curtain outside kitchen door, 2 courtyard doors, and on the back door out to the dumpster. She further stated that flies were the root cause of the maggots. She stated it was a freak occurrence and she hated that it happened. It was not acceptable to have maggots in a wound. On 9/10/21 at 3:30pm, the Administrator was notified of the Immediate Jeopardy. The facility provided the following corrective action plan with a completion date of 9/6/21. Allegation of Compliance F925 Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance. All residents with wounds, dressings, and tube feedings were at risk from the failure to adhere to	F 925		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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correct and adequate pest control policies. The facility had in place a pest control process for employees to follow prior to 8/29/21. The facility's pest control included: reporting system through the maintenance work orders, contracted pest control company servicing the facility monthly and as needed for any problems that arose between services. There was one air curtain positioned outside the kitchen door.

Specify the Action the Facility will take to alter the process or system failure to Prevent a Serious Outcome from occurring or reoccurring and when the Action will be complete.

CORRECTIVE ACTION THAT WILL BE ACCOMPLISHED:

-On 8/29/21, the Administrator initiated a performance improvement plan which included the following:

-8/29/21 Resident's 1's room #314 was deep cleaned.

-8/29/21 Two air curtains were ordered 8/29/21 and 3 additional air curtains were ordered 9/2/21, all to be delivered and installed week of 9/13/21, to be placed at the back door leading to the dumpster, the 2 doors leading to the courtyard, the smoking door and replace the current air curtain at the kitchen door.

-8/29/31 Uultraviolet mini fly/bug LED light lamps were ordered for all resident rooms with wounds. The mini lights were delivered 9/7/21 and placed in all resident rooms with wounds on 9/7/21.

-8/30/21 All resident rooms with wounds were

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	345142	A. BUILDING ______ B. WING ______	C 09/20/2021

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F 925	Continued From page 12 deep cleaned. Maintenance Director (MD) identified 4 outside doors that had gaps and those 4 doors were sealed with the rubber sweepers at the bottom of the doors on 8/30/21. -8/31/21 Maintenance Director and the pest control technician treated rooms 101, 103, 304, 305, 308, 314, 401, 407, 404, 602, where residents with wounds resided. Pest control treated all problem areas with chemical solution. There were no problem areas with flies noted. Treated specifically for flies. -8/31/21 Initiated the Fly Program which included: pest control tech applied bait around the dumpster and the smoking area, repeated on 9/8. Administrator signed a contract which included the same treatment weekly for 1 year. The contract included 11 additional ILT lights to be installed in the facility hallways and at the back door leading to the dumpster. -9/2/21 100% window screens audited, ordered approximately 42 screens for windows that had none. IDENTIFICATION OF OTHER RESIDENTS: - 8/29/31-8/30/21 Wound audits were conducted on all residents with wounds In-services Provided: - All staff: Conducted on 9/1/21 by the Director of Nursing (DON): Prevention and reporting of pest control concerns were to be entered into the TELS (computer work order) system and report to the supervisor. - Kitchen Staff: Conducted on 9/6/21 by the Dietary Managers: Back door to stay closed at all times. Alert a member of management of all pest	F 925		

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F 925	Continued From page 13 control concerns and enter into TELS system. MEASURES FOR SYSTEMIC CHANGE - 8/29/21 Two air curtains were ordered. - 8/29/21 Ultraviolet mini fly/bug LED lights were ordered for all resident rooms with wounds. - 8/30/21 Maintenance Director identified 4 outside doors that had gaps. The doors were sealed with rubber sweepers at the bottom of the doors on 8/30/21. - 9/1/21 In-serviced staff to report flies and pest immediately in the TELS system and report to the supervisor. - 9/2/21 An additional 3 air curtains were ordered, with delivery planned week of 9/13/21. - 9/2/21 100% of window screens were audited, ordered approximately window 42 screens - 9/6/21 In-serviced kitchen staff to keep the back door closed at all times and use the TELS system to report observations of flies or pests. HOW CORRECTIVE ACTION WILL BE MONITORED: - 100 % audits of all rooms and common areas will be inspected by the Maintenance staff weekly x 4 weeks then monthly x 2 months for signs of pest. The administrator will review and initial the audit tool weekly x 4 weeks then monthly x 2 months to ensure all areas of concern were addressed. - The treatment nurse will audit all wounds twice weekly x 4 weeks then once weekly ongoing and take findings to QAPI for further recommendations. - The Administrator will forward the results of the audits to the Executive QA Committee monthly x 2 months. The Executive QA committee will meet monthly x 2 months and review the audits to determine trends and/or issues that ay need	F 925		

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further interventions put into place and to determine the need for further and/or frequency of monitoring.

- Performance Improvement Plan was reviewed with the Interdisciplinary Team on 9/1/21 and they agreed with the plan and monitoring.

Resolution date 9/6/21.

The facility's corrective actions implemented after the incident to prevent a reoccurrence included the following:
All items listed on this self-imposed action plan have been completed and implemented on 9/6/21 with ongoing monitoring to ensure compliance. This concluded the action plan and any potential citations associated with this action plan should be considered past noncompliance as of 9/6/21.

The Administrator was responsible for compliance.

The date for the decision to QA and monitor was 8/29/21.

Resident #1 was transferred to the hospital on 8/30/21 at the request of the POA and did not return to the facility.

On 9/20/21 the facility's corrective action plan with a completion date of 9/6/21 was validated by the following:

On 9/20/21 at 11:15 AM initial observations revealed no flies were observed in the lobby or the conference room. The doors to the courtyard

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had weather stripping but no air curtains were in place. There was no fly activity noted in resident rooms or common areas.

Interviews with staff and review of the in-service logs revealed they had received education on 9/1/21 about the use of the TELS system to report observations of flies or pests.

An observation of the kitchen revealed no flies or other pests. The back door was closed. The air curtain over the kitchen door was on and functioning. An interview was conducted with the Dietary Supervisor, who stated the back door was to remain closed except for deliveries. She stated if she were to see flies or other pest, she would alert the Dietary Manager and he would put a request into Maintenance. Interviews with the kitchen staff and review of the in-service log revealed they received education on keeping the back door to the kitchen closed at all times.

Ultraviolet lights were observed in rooms 106B, 305A, 504 and two rooms on Rehab.

Review of the audits revealed the treatment nurse audited all resident wounds on 8/30, 8/31, 9/7, 9/10, 9/13 and 9/17/20. Room audits were conducted on 8/30/21 and 9/7/21.

An interview with the Maintenance Director revealed the outside doors have been sealed. The air curtains have been ordered for the smoke door and the courtyard doors and the window screens are on back order and will be installed immediately upon delivery. Any window that does not have a screen will get one.

An interview with the Administrator revealed the

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F 925	Continued From page 16 air curtains have been ordered, but they have not been delivered. The kitchen had a working air curtain but it will be replaced. The window screens have been ordered and will be delivered 10/12/21, constructed onsite and installed on that date. The purchase orders for the air curtains and the window screens were reviewed and both were dated 9/3/21. In summary, on 9/20/21 the facility's plan for past noncompliance was validated by the following: 1) Review of the in-service training records revealed all staff were educated on 9/1/21 to report the presence of flies and pests in the TELS system. 2) Review of the in-service training record revealed all kitchen staff were educated on 9/6/21 to assure the back door is kept closed. 3) Interviews were completed with facility including kitchen staff to validate the education had been completed. 4) A review of the facility's audits verified the Treatment Nurse and Maintenance Staff completed audits as specified in their self-imposed action plan. 5) Compliance was achieved on 9/6/21 when all the staff were educated regarding reporting flies and pests in the facility, to keep the back door closed at all times, and the air curtains and window screens were ordered.	F 925		